



# City of Santa Fe

## PERSONAL VEHICLE IN-CITY TRAVEL LOG

EMPLOYEE NAME \_\_\_\_\_

VEHICLE DESCRIPTION (Year, Make, Model, License No.) \_\_\_\_\_

Date	Travel Description	Beginning Odometer Reading	Ending Odometer Reading	Mileage Claimed

Total Mileage Claimed \_\_\_\_\_

Times \_\_\_\_\_

Total Reimbursement Claim \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
Employee

\_\_\_\_\_ Date

APPROVED BY: \_\_\_\_\_  
Department Director

\_\_\_\_\_ Date